

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000082680

1. Entity Name

~~ACCEL SUCCESS INC.~~

JM ADVANTAGE INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90077 025 \*\*\*150.00

Principal Place of Business

6080 STRAWBERRY LAKES CIRCLE  
LAKEWORTH FL 33463

Mailing Address

6080 STRAWBERRY LAKES CIRCLE  
LAKEWORTH FL 33463-6509

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applied For5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSINESS FILINGS INCORPORATED  
1 EAST BROWARD BLVD.  
SUITE 700  
FORT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

D  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MARTYN, JAMES  
6080 STRAWBERRY LAKES CIRCLE  
LAKEWORTH FL 33463☐ Delete☐ DeleteTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Martyn

Date

1-7-00

Daytime Phone #

561 965 3936